LOUISIANA DEPARTMENT OF HEALTH
Medicaid

APPLICATION FOR LONG-TERM CARE SERVICES

Medicaid Benefits for People Needing Long-Term Care

- Fill out this application to see if you qualify for long-term care services coverage through Medicaid. This program is only for those who are planning to live or now live in a nursing facility, group home, or developmental center in Louisiana, or who have been offered an opportunity through Home and Community-Based Services (HCBS) or the Program of All-Inclusive Care for the Elderly (PACE).
- If you need extra space, use a separate sheet of paper or the space provided for you on page 12.
- If you have any questions, call 1-800-230-0690 from Monday–Friday to speak with a Medicaid representative. TTY Text Telephone users call 1-800-220-5404.
- Complete and mail this application to the **Medicaid Application Office, 6069 I-49 Service Rd, Suite B, Opelousas, LA 70570** or fax it to 225-389-8019.

What long-term care benefits are you applying for? *(you may mark one or more)*
☐ Nursing facility services **(Applicant Only)** ☐ Nursing facility services **(Applicant and Spouse)**
☐ HCBS Waiver ☐ PACE ☐ Intermediate Care Facility for the Intellectually Disabled (ICF/ID) or other group home

What is your preferred language? ☐ English ☐ Spanish ☐ Vietnamese ☐ Other: _____

► *Please **PRINT** clearly in black ink.*

1 — Applicant's Personal Information

First name	Middle initial	Last name	Suffix *(Sr., Jr., etc.)*

Social Security number	Date of birth	Sex ☐ Male ☐ Female	Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

If Hispanic/Latino, ethnicity *(optional – you may mark one or more)*
☐ Mexican ☐ Mexican American ☐ Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Other: _____

Race *(optional – you may mark one or more)*
☐ White ☐ Asian Indian ☐ Japanese ☐ Other Asian ☐ Samoan
☐ Black or African American ☐ Chinese ☐ Korean ☐ Native Hawaiian ☐ Other Pacific Islander
☐ Filipino ☐ Vietnamese ☐ Guamanian or Chamorro
☐ American Indian or Alaska Native – Tribe: _____ ☐ Other: _____

Mailing Address			Home Address *(if different)*		
P.O. box or street address		Apt/Lot #	Street address		Apt/Lot #
City	State	Zip	City	State	Zip
E-mail address *(if you have one)*			Home parish *(where you live)*		
Cell phone	Home phone		Other phone		
Are you a Louisiana resident? ☐ Yes ☐ No			Do you plan to stay in Louisiana? ☐ Yes ☐ No		

2 — Application Assistance

Do you have someone helping you with this application? ☐ Yes ☐ No *(If **NO**, skip to section 3)*		
Name of Assistant	Relationship to Applicant	
Mailing address		
Do you want your mail to be sent to the address listed above? ☐ Yes ☐ No		
Daytime phone	Other phone	E-mail address *(if they have one)*

3 — Legal Assistance

Do you have someone legally appointed to act on your behalf? ☐ Yes ☐ No *(If **NO**, skip to section 4)*		
What kind of appointment does this person have? ☐ Power of Attorney ☐ Curator ☐ Other		
Name of Appointee	Relationship to Applicant	
Mailing address		
Do you want your mail to be sent to the address listed above? ☐ Yes ☐ No		
Daytime phone	Other phone	E-mail address *(if they have one)*

4 — Citizenship

Are you a veteran or an active-duty member of the U.S. military? ☐ Yes ☐ No		
Are you a U.S. Citizen or U.S. National? ☐ Yes ☐ No		
If **YES**, were you born in the U.S. or a U.S. territory? ☐ Yes ☐ No *(If **NO**, fill in your information below if it applies to you)*		
Alien number	Certificate type	Certificate number
If **NO**, do you have eligible immigration status? ☐ Yes ☐ No *(If **YES**, fill in your information below if it applies to you)*		
Document type	Document expiration date	
Alien, I-94, or SEVIS ID number	Card or Passport number	Have you lived in the U.S. since 1996? ☐ Yes ☐ No

5 — Long-Term Care

Do you currently live at or are planning to enter a long-term care facility? ☐ Yes ☐ No *(If **NO**, skip to section 6)*	
Facility name	
Date you entered or plan to enter this facility	Are you planning to stay at this facility for at least 30 days? ☐ Yes ☐ No
Were you living with a legal spouse prior to entering this facility? ☐ Yes ☐ No	
If **NO**, were you living apart from a legal spouse for medical reasons? ☐ Yes ☐ No	

6 — Home and Community Based Services

Have you been offered a HCBS waiver slot? ☐ Yes ☐ No *(If **NO**, skip to section 7)*

What type of HCBS waiver are you applying for?
☐ Adult Day Health Care ☐ Children's Choice ☐ New Opportunities ☐ Community Choices ☐ Other

Name of Support Coordination Agency

Are you expected to get waiver services for at least 30 days? ☐ Yes ☐ No

7 — Disability

Do you have a disability? ☐ Yes ☐ No *(If **NO**, skip to section 8)*
(NOTE: A disability is a physical, mental, or emotional health condition that causes limitations in daily activities like bathing, dressing, chores, etc.)

Describe your disability

When did this disability start?	Was the disability caused by an accident? ☐ Yes ☐ No
Have you ever applied for disability benefits? ☐ Yes ☐ No	If **YES**, has a decision been made regarding your application for disability benefits? ☐ Yes ☐ No

Name of doctor, hospital, or other medical provider with records that can support your disability claim

Medical provider's address	Medical provider's phone number

8 — Health Insurance *(other than Medicaid)*

Do you want help paying for medical bills (paid or unpaid) for medical care received in the past 3 months? ☐ Yes ☐ No

Do you have health insurance? ☐ Yes ☐ No *(If **NO**, skip to section 9)*

What type of insurance coverage do you have?
☐ Private Health Insurance ☐ Medicare Supplement ☐ Medicare Drug Plan ☐ Medicare Advantage

Name of policyholder

Insurance company name

Group/Policy number	Medicare Claim Number *(if you have one)*
How much is the premium for this insurance?	Do you have a Long-Term Care or Partnership Insurance policy? ☐ Yes ☐ No

9 — Members of your Household

Provide information about your spouse, parents, children, and anyone else living with you or who lived with you before you entered a long-term care facility. If no one lives with you or had lived with you, leave blanks empty.

	Person 1	Person 2	Person 3
Name			
Relationship to you			
Social Security number			
Date of birth			
Sex	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female
Does this person want to apply for Medicaid?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is this person a veteran?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Do you want to give a portion of your income to a spouse or dependent listed above? ☐ Yes ☐ No

If **YES**, who do you want to give it to?

Provide information about your former or deceased spouse(s).
If you do not have a former or deceased spouse, leave blanks empty and skip to section 10.

	Former Spouse 1	Former Spouse 2
Name		
Social Security number		
Date of birth		
Sex	☐ Male ☐ Female	☐ Male ☐ Female
Did you divorce this person?	☐ Yes ☐ No	☐ Yes ☐ No
If **YES**, date of divorce		
Has community property been settled?	☐ Yes ☐ No	☐ Yes ☐ No
Is this person deceased?	☐ Yes ☐ No	☐ Yes ☐ No
If **YES**, date of death		
Has succession been opened?	☐ Yes ☐ No	☐ Yes ☐ No
Is this person a veteran?	☐ Yes ☐ No	☐ Yes ☐ No

10 — Lump Sum Payments

Have you or anyone in your household received or are expecting to receive a lump sum of money, such as from an insurance/lawsuit/worker's comp settlement, an inheritance, or Social Security backpay? ☐ Yes ☐ No *(If **NO**, skip to section 11)*

Who received or is receiving the lump sum? ☐ You ☐ Spouse ☐ You and spouse ☐ Parent(s) ☐ Other: _____

When was or will it be received?	Who was it received from?	How much is it worth?

Explain the reason the lump sum was paid out

Give the name, address, and phone number of any attorney involved in this payment

11 — Income from Jobs *(examples: cash, checks, tips, etc.)*

Do you or anyone in your household work? ☐ Yes ☐ No *(If **NO**, skip to section 12)*

	Job 1	Job 2	Job 3
Worker's name			
Is this person self-employed?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Employer name			
Employer address			
Employer phone number			
How often paid? *(weekly, biweekly, monthly, etc.)*			
How much are they paid? *(gross income before taxes)*	$	$	$

12 — Other Income

Do you or anyone in your household receive:	Who receives this money? *(you, spouse, parent, etc.)*	Where does it come from or who pays it?	How often are they paid? *(weekly, monthly, etc.)*	How much are they paid? *(before taxes)*
Social Security ☐ Yes ☐ No				$
SSI ☐ Yes ☐ No				$
Veteran's Benefits ☐ Yes ☐ No		VA file #:		$
Railroad Retirement ☐ Yes ☐ No		Claim #:		$
Retirement/Pension ☐ Yes ☐ No				$
Annuities ☐ Yes ☐ No				$
Royalties ☐ Yes ☐ No				$
Rental Income ☐ Yes ☐ No				$
Worker's Comp ☐ Yes ☐ No				$
Unemployment ☐ Yes ☐ No				$
Alimony/Child Support ☐ Yes ☐ No				$
Other: _____ ☐ Yes ☐ No				$

13 — Bank Accounts

Do you or anyone in your household have any bank accounts or Certificates of Deposit (CDs)?
☐ Yes ☐ No *(If **NO**, skip to section 14)*

Type of Account: *(check only one per row)*	Who does it belong to?	Name of Bank/ Credit Union	Account Number	How much is it worth?
☐ Checking ☐ Savings ☐ Christmas Club ☐ Direct Express Card Acct ☐ Certificate of Deposit				$
☐ Checking ☐ Savings ☐ Christmas Club ☐ Direct Express Card Acct ☐ Certificate of Deposit				$
☐ Checking ☐ Savings ☐ Christmas Club ☐ Direct Express Card Acct ☐ Certificate of Deposit				$

14 — Retirement Accounts

Do you or anyone in your household have a pension or retirement account (IRA, Keogh, 401-K, etc.)?
☐ Yes ☐ No *(If **NO**, skip to section 15)*

Who does this account belong to? ☐ You ☐ Spouse ☐ You and spouse ☐ Parent(s) ☐ Other: _____

Name of bank/company

Account number	How much is it worth?

Do you currently receive regular payments from this account? ☐ Yes ☐ No

If **YES**, how much are they and how often do you receive them?	If **NO**, are regular payments available? ☐ Yes ☐ No ☐ I'm Not Sure

Can a lump sum withdrawal of funds be made from this account? ☐ Yes ☐ No ☐ I'm Not Sure

15 — Annuities

Do you or anyone in your household own annuities? ☐ Yes ☐ No *(If **NO**, skip to section 16)*

Who owns the annuities? ☐ You ☐ Spouse ☐ You and spouse ☐ Parent(s) ☐ Other: _____

Name of annuity beneficiary	Name of annuity remainder beneficiary

Name of insurance company

Account number	Date of purchase	How much is it worth?

Do you currently receive regular payments from this account? ☐ Yes ☐ No

If **YES**, how much are they and how often do you receive them?	If **NO**, are regular payments available? ☐ Yes ☐ No ☐ I'm Not Sure

Can a lump sum withdrawal of funds be made from this account? ☐ Yes ☐ No ☐ I'm Not Sure

16 — Patient Trust Fund

Do you have a patient trust fund account at a nursing facility? ☐ Yes ☐ No *(If **NO**, skip to section 17)*	
Facility name	How much is it worth?

17 — Safe Deposit Box

Do you or anyone in your household own a safe deposit box? ☐ Yes ☐ No *(If **NO**, skip to section 18)*
Who owns the safe deposit box? ☐ You ☐ Spouse ☐ You and spouse ☐ Parent(s) ☐ Other: _____
Name of bank where box is located
List items that are kept in the box *(any items that can be converted to cash)*
How much are the items kept in the box worth?

18 — Stocks

Do you or anyone in your household own stocks? ☐ Yes ☐ No *(If **NO**, skip to section 19)*	
Who owns the stocks? ☐ You ☐ Spouse ☐ You and spouse ☐ Parent(s) ☐ Other: _____	
Name of company stock is held in	
How many shares?	How much are they worth?

19 — Bonds

Do you or anyone in your household own bonds? ☐ Yes ☐ No *(If **NO**, skip to section 20)*	
Who owns the bonds? ☐ You ☐ Spouse ☐ You and spouse ☐ Parent(s) ☐ Other: _____	
How many bonds?	How much are they worth?
What type of bonds?	
Bond number(s)	

20 — Mortgages, Loans, and Promissory Notes

Do you or anyone in your household own a mortgage, loan, or other promissory note? ☐ Yes ☐ No *(If **NO**, skip to section 21)*		
Who does the loan belong to? ☐ You ☐ Spouse ☐ You and spouse ☐ Parent(s) ☐ Other: _____		
Date of agreement	Can this agreement be sold? ☐ Yes ☐ No	How much is it worth?

21 — Vehicles *(examples: cars, trucks, boats, trailers, campers, motorcycles, ATVs, etc.)*

Do you or anyone in your household own any vehicles? ☐ Yes ☐ No *(If **NO**, skip to section 22)*

Type of Vehicle: *(include make/model/year)*	Who does it belong to?	How much is it worth?	How much is owed on it?
		$	$
		$	$
		$	$
		$	$

22 — Primary Residential Real Estate

Do you or anyone in your household own property where they live, are in the process of buying property where they intend to live, or have usufruct of a property in which they live? ☐ Yes ☐ No *(If **NO**, skip to section 23)*

If **YES**, which is it? ☐ Own/buying property ☐ Usufruct of property

Who does the property belong to? ☐ You ☐ Spouse ☐ You and spouse ☐ Parent(s) ☐ Other: _____

Address of the property

Parish/county property is located	Property lot size	Number of buildings on property

How much is the property worth?	How much is owed on it?

Who lives on the property?

Is the property for sale? ☐ Yes ☐ No	Is the property rented/leased? ☐ Yes ☐ No	If you are currently in a facility, do you intend to return to this property? ☐ Yes ☐ No

23 — Secondary Real Estate

Do you or anyone in your household own or have usufruct of any additional property, including (but not limited to) a second home, out-of-state property, or a share of other inherited property? ☐ Yes ☐ No *(If **NO**, skip to section 24)*

Who does the property belong to? ☐ You ☐ Spouse ☐ You and spouse ☐ Parent(s) ☐ Other: _____

Address of the property

Parish/county property is located	Property lot size	Number of buildings on property

How much is the property worth?	How much is owed on it?
Who receives the tax notice for this property?	What percentage of this property is owned/inherited?
Is the property for sale? ☐ Yes ☐ No	Is the property rented/leased? ☐ Yes ☐ No

24 — Burial Funds

Do you or anyone in your household have any funds set aside for burial? ☐ Yes ☐ No *(If **NO**, skip to section 25)*

Who owns the funds?	For whose burial are they for?	Name of Bank or Funeral Home	How much are they worth?
			$
			$
			$

25 — Burial Contracts

Do you or anyone in your household have a pre-paid/pre-need burial contract? ☐ Yes ☐ No *(If **NO**, skip to section 26)*

Who owns the contract?	For whose burial is it for?	Name of Funeral Home	How much is it worth?
			$
			$
			$

26 — Life Insurance

Do you or anyone in your household have life or burial insurance? ☐ Yes ☐ No *(If **NO**, skip to section 27)*

Who is insured?	Who owns the policy?	Name of Insurance Co.	Policy Number	Policy Type	What is the face value?	Does this policy have accumulated dividends?
					$	☐ Yes ☐ No
					$	☐ Yes ☐ No
					$	☐ Yes ☐ No

27 — Burial Space

Do you or anyone in your household own a cemetery plot, grave site, mausoleum, vault, casket, urn, headstone, or other burial space/item? ☐ Yes ☐ No *(If **NO**, skip to section 28)*

Who does it belong to? ☐ You ☐ Spouse ☐ You and spouse ☐ Parent(s) ☐ Other: _____

Describe the site/item

Whose burial is it for?	How much is it worth?	Is it paid for in full? ☐ Yes ☐ No

28 — Other Ownership and Cash on Hand

Do you or anyone in your household own anything else of value, including (but not limited to) a business or mineral rights, or have access to any other cash on hand? ☐ Yes ☐ No *(If **NO**, skip to section 29)*

Who does it belong to? ☐ You ☐ Spouse ☐ You and spouse ☐ Parent(s) ☐ Other: _____

Describe what is owned and give as much information about it as you can, including how much it is worth

29 — Other Bank Accounts

Do you or anyone in your household have their name on **SOMEONE ELSE'S** bank/credit union account? ☐ Yes ☐ No

Does **SOMEONE ELSE** have a bank/credit union account with money in it that belongs to you or someone in your household? ☐ Yes ☐ No *(If **NO** for both questions, skip to section 30)*

Whose name is on the account?	Whose money is in the account?	Name of Bank/ Credit Union	Account Number	How much belongs to you or your household?
				$
				$

30 — Trusts

Have you or anyone in your household ever created a trust, placed items in a trust, or had a trust set up for them?
☐ Yes ☐ No *(If **NO**, skip to section 31)*

Who does the trust belong to? ☐ You ☐ Spouse ☐ You and spouse ☐ Parent(s) ☐ Other: _____

What kind of a trust is it?	Whose money/items/property were added to the trust?

Describe the money/items/property that are a part of the trust, including how much they are worth

31 — Transfer of Resources

Have you, anyone in your household, or anyone acting for them given away, sold, or transferred ownership of any item of value, including (but not limited to) land, houses, life insurance, vehicles, or bank accounts, in the past 60 months? ☐ Yes ☐ No

What was transferred/ sold?	When was it transferred/ sold?	Who was it transferred/ sold to?	How much was it worth?	Was anything received in return?	What happened to what was received?
			$		
			$		
			$		

YOUR RIGHTS AND RESPONSIBILITIES

When you apply for assistance with the Louisiana Department of Health (LDH), you agree to the following:

- You understand that the information you give in this application will be checked. You agree to help with this and allow Medicaid to get the information it needs from government agencies, employers, medical providers, and others.
- You must tell Medicaid if anything changes or is different than what you've written on this application. Call 1-888-342-6207 to report any changes. You also understand that a change in your information could affect the eligibility for member(s) of your household. You agree to tell Medicaid within 10 days if any of the following change:
  - Mailing or home address
  - Health insurance coverage or premiums
  - Income
  - Things you own
  - If anyone moves in or out of your home
  - If anyone moves out of state
- You state that answers you gave on this application are true and correct. If you purposely gave information that is not true or if you withheld information, you have committed fraud. If you commit fraud, you may have to pay back money that Medicaid pays for care that you receive.
- You state that the information given in this application about your citizenship and immigration status is true and correct.
- You understand Social Security numbers will only be used to get information from other government agencies to see if you qualify for Medicaid benefits.
- You understand that by accepting Medicaid that LDH has the right to get money received by you from other sources like insurance payments or lawsuit settlements for care that Medicaid has paid for you.
- You understand that Medicaid will only send case information to Child Support Enforcement for medical support if you ask them to. LDH will only make a referral if parents of children under age 19 receive Medicaid. You can request that Medicaid not refer you if you feel you have good cause not to cooperate with Child Support Enforcement.
- You understand that Estate Recovery rules require LDH to recover the cost of certain Medicaid payments from your estate in the event of your death. These costs include the total amount of payments for facility services, hospital care, waiver services, payments to Home and Community Based Services (HCBS) or Program for All-Inclusive Care for the Elderly (PACE) providers, and prescription drugs received at age 55 or older. LDH will not make a claim against the estate while you or your legal spouse is still living. LDH will also not make a claim if you have a dependent child who is under age 21, blind, or disabled. Collection may not be made if it is not cost effective for LDH to do so, or if your heirs apply for a hardship waiver after your death. A hardship may exist if the estate property is the only source of income for the heirs, if that income is limited, or if there are other extenuating circumstances.
- You agree that by accepting Medicaid, the State of Louisiana or its assignee will be named as the remainder beneficiary of all annuities purchased on or after Feb. 8, 2006 for the total amount of medical assistance paid on your behalf, unless you have a spouse, minor child, or a child with a disability. In these cases, the State of Louisiana must be named as beneficiary after these individuals. You agree to tell Medicaid about any annuity you and your spouse own or co-own regardless if the annuity is irrevocable (cannot be changed) or Medicaid counts it. You understand that you must tell Medicaid about changes made to any annuity which may affect when payments begin, the amount paid, frequency of payments, and additions to the principal.

Your Rights

- You can ask for a Fair Hearing if you think any decision made on the case is unfair, incorrect, or made too late.
- LDH cannot treat you differently because of race, color, sex, age, disability, religion, nationality, or political belief. If you think it has, you can call the U.S. DHHS Regional Office for Civil Rights in Dallas, TX at 1-800-368-1019 or write to the Louisiana Department of Health, Human Resources at P. O. Box 4818, Baton Rouge, LA 70821-4818.

After reading, please continue to the next page to complete your application.

Use this space or an extra piece of paper for any comments or information that you could not fit on your application.

Read and sign below

By signing this application I am giving my permission to the State of Louisiana and its agents to verify the information given on this application. Under penalty of perjury, I certify that all information contained in this application, including U.S. citizenship or lawful immigrant status of all persons applying for benefits, is true and correct to the best of my knowledge. I have read or someone has read to me the "Rights and Responsibilities" section of the application (located on page 11), including fraud penalties.

Sign here:	Date:
Spouse sign here *(if applying)*:	Date:
Application assistant sign here *(if necessary)*:	Date:
Witness One sign here *(if any applicant signs with an X or other mark)*:	Date:
Witness Two sign here *(if any applicant signs with an X or other mark)*:	Date:

DOCUMENTS OF PROOF

We may ask you for documentation to prove what is reported on this application. Let us know if you do not have or cannot obtain any of these documents and we may be able to assist you. We are required by law to keep all information you provide to us private.

Use the checklist below to help keep track of what you may need to provide as proof.

- ❑ Proof of applicant's legal marriage such as a marriage certificate (not needed if applicant's spouse has Long-Term Care Medicaid or if spouse is deceased.)
- ❑ Copy of Permanent Resident Card (green card) or other cards/forms from U.S. Citizenship and Immigration Services. **Only for applicants who are not U.S. citizens.**
- ❑ Copy of legal documents to show power of attorney, curator, or interdiction.
- ❑ If applicant is widowed, copy of the succession. If the succession has not been completed, then a copy of the will.
- ❑ Proof of income, such as a check stub or award letter showing amount of gross income (before deductions), from retirement, pension, Veteran's benefits, annuities, mineral rights, worker's compensation, child support, reverse annuity mortgages, and royalties. **Provide for applicant, applicant's spouse, applicant's parents (if applicant is under 18), and applicant's dependents under age 18.**
- ❑ If the applicant, applicant's spouse, or applicant's parents (if applicant is under 18) own property that is rented out, send proof of the amount of rental income received (letter from renters or cancelled check) and proof of expenses of rental property.
- ❑ Statement from friends and/or relatives who have given money to the applicant and/or their spouse.
- ❑ For anyone who works, send pay stubs or a letter from employer showing gross pay (before deductions) for the last month. If self-employed, send copies of their most recent tax return and all schedule attachments. **Provide for applicant, applicant's spouse, applicant's parents (if applicant is under 18), and applicant's dependents under age 18.**
- ❑ Proof of any lump sum payments received in the last five years from an insurance or lawsuit settlement, inheritance, worker's compensation settlement, or Social Security. **Provide for applicant, applicant's spouse, applicant's parents (if applicant is under 18), and applicant's dependents under age 18.**
- ❑ Copies of bank statements for the last three months. Send **ALL** pages showing the check images, account numbers, names and addresses of banks, all deposits and withdrawals, and all names on the accounts. **Provide for applicant, applicant's spouse, applicant's parents (if applicant is under 18), and applicant's dependents under age 18.**
- ❑ Copy of annuity and statements for the last three months. **Provide for applicant, applicant's spouse, applicant's parents (if applicant is under 18), and applicant's dependents under age 18.**
- ❑ Account statements for certificates of deposit (CDs), IRAs, 401-Ks, Keoghs, and retirement accounts for the last three months. **Provide for applicant, applicant's spouse, applicant's parents (if applicant is under 18), and applicant's dependents under age 18.**
- ❑ A list of what is inside any safe-deposit boxes and a sworn statement from the person who accessed them. **Provide for applicant, applicant's spouse, applicant's parents (if applicant is under 18), and applicant's dependents under age 18.**
- ❑ Copies of stocks and bonds, including any account statements. **Provide for applicant, applicant's spouse, applicant's parents (if applicant is under 18), and applicant's dependents under age 18.**

CONTINUED ON NEXT PAGE

DOCUMENTS OF PROOF *(continued)*

- ❑ If you own more than one vehicle, copies of vehicle registrations/titles and proof of what is owed on each vehicle, like a statement from creditor. **Provide for applicant, applicant's spouse, applicant's parents (if applicant is under 18), and applicant's dependents under age 18.**
- ❑ For property that is owned (not counting the applicant's home) or property that has been inherited (can be undivided), send proof to show what the property is worth and how much of a share the applicant and their family have. **Provide for applicant, applicant's spouse, applicant's parents (if applicant is under 18), and applicant's dependents under age 18.**
- ❑ Copy of the last bank statement for burial or funeral accounts. **Provide for applicant, applicant's spouse, applicant's parents (if applicant is under 18), and applicant's dependents under age 18.**
- ❑ Copies of pre-arranged burial contracts with funeral homes with included list of services. **Provide for applicant, applicant's spouse, applicant's parents (if applicant is under 18), and applicant's dependents under age 18.**
- ❑ Copies of life or burial insurance policies if the face value for all is more than $10,000 for each person. **Provide for applicant, applicant's spouse, applicant's parents (if applicant is under 18), and applicant's dependents under age 18.**
- ❑ For any burial space items, such as a mausoleum or cemetery plot that is not already paid in full, send proof of how much is owed and how much the items are worth. **Provide for applicant, applicant's spouse, applicant's parents (if applicant is under 18), and applicant's dependents under age 18.**
- ❑ Copies of trust documents, including schedule of assets and current values of the items in trust. **Provide for applicant, applicant's spouse, applicant's parents (if applicant is under 18), and applicant's dependents under age 18.**
- ❑ Copies of paid or unpaid medical bills for services received in the last 3 months (if applying for Medicaid for those months). **Provide for applicant, applicant's spouse, applicant's parents (if applicant is under 18), and applicant's dependents under age 18.**
- ❑ Copies of the Act of Donation, Bill of Sale, bank statements, or other documents showing items that were given away, sold, or a deed that was changed. Include fair market values of these items at the time the transaction occurred. **Provide for applicant, applicant's spouse, applicant's parents (if applicant is under 18), and applicant's dependents under age 18.**
- ❑ Copies of all health insurance cards (front **AND** back), including Medicare, long-term care insurance, Medicare prescription drug plans, and Medicare supplements. Include verification of premium amounts. **Provide for applicant, applicant's spouse, applicant's parents (if applicant is under 18), and applicant's dependents under age 18.**

LONG-TERM CARE SERVICES

STATE OF LOUISIANA
VOTER REGISTRATION AGENCIES
DECLARATION FORM

If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Check one)

☐ I want to register to vote. ☐ I do not want to register to vote.

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Applying to register or declining to register to vote **will not** affect the amount of assistance that you will be provided by this agency. Voter eligibility requirements are found on the voter registration application form.

Note: If you do register to vote, the location where your application was submitted will remain confidential. If you decline to register to vote, this fact will remain confidential. Applying to register or declining to register to vote will be used **only** for voter registration purposes.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. (Check one)

☐ **Yes, I would like help.** ☐ **No, I do not want help.**

For assistance in completing the voter registration application form outside our office, contact Louisiana Department of Health and hospitals at 1-888-342-6207.

If completed outside our office, this declaration form and your completed voter registration application form (if you filled one out) should be returned to P.O. Box 91278 Baton Rouge, LA 70821-9278.

Signature or Mark **Name Typed or Printed** **Date**

Signatures of Two Witnesses If Signed With Mark:

1) _____ 2) _____

COMPLAINTS

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Louisiana Secretary of State, Commissioner of Elections, P.O. Box 94125, Baton Rouge, LA 70804-9125 or by calling (225) 922-0900 or 1-800-883-2805.

Comments/Remarks (for official use only):

Louisiana Voter Registration Application
(LA-VRA - Rev. 4/17)

SEE THE OTHER SIDE OF THIS PAGE FOR INSTRUCTIONS ➔

QUESTIONS? - Call your parish Registrar of Voters Office or call the Secretary of State at 1-800-883-2805 or (225) 922-0900.

OFFICIAL USE ONLY: WD: _____ PCT: _____ REG. TYPE: _____ IN/OUT: _____ REG # _____

Please print clearly in ink, preferably black.

Reason for Application: ☐ New Voter Registration ☐ Updating Voter Registration

Eligibility 1.
Are you a citizen of the United States of America? ☐ Yes ☐ No
Will you be 18 years of age on or before election day? ☐ Yes ☐ No
If you answered "**No**" to these questions, do not complete this form. You are not eligible to vote at this time.

Name 2.
LAST NAME: _____ FIRST NAME: _____
FULL MIDDLE OR MAIDEN NAME: _____ SUFFIX (Sr., Jr.,II) _____

Residence Address (Where you live and claim homestead exemption, if any) 3.
HOUSE # & STREET (NO P.O. BOX): _____ UNIT/APT #: _____
CITY/TOWN: _____ STATE LA ZIP CODE: _____

Mailing Address (If different from Residence Address) 3.
☐ Check if no postal service at your residence address above and supply mailing address here.
HOUSE # & STREET/P.O. BOX: _____ UNIT/APT #: _____
CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

Give Location (If Necessary)

Birthdate 4. MM DD YYYY

5. ***SSN** XXX XX XXXX

6. **Sex** ☐ M ☐ F

7. **Race** (Optional) ☐ WHITE ☐ BLACK ☐ ASIAN ☐ HISPANIC ☐ AMERICAN INDIAN ☐ OTHER _____

Party Affiliation 8.
☐ DEM ☐ GRN ☐ IND ☐ LBT
☐ REP ☐ NO PARTY
☐ OTHER (Specify) _____

9. **Place of Birth**
CITY/TOWN: _____ STATE: _____
PARISH/COUNTY: _____ COUNTRY: _____

Mother's Maiden Name 10. _____

11. **Email** (Optional) _____

12. **Phone** (Optional) Home: Other:

LA DL/ID Card # 13. _____
☐ I do not have a LA DL/ID card

14. **Do you need assistance in voting?** ☐ No ☐ Yes, Reason: _____

Place of Last Residence 15.
HOUSE # & STREET: _____
CITY: _____ STATE: _____

16. **Place of Last Registration**
STATE: _____
PARISH/ COUNTY: _____

17. **Former Registered Name**, if any _____

Affirmation and Signature (read and sign or make your mark) 18.
I do hereby solemnly swear or affirm that I am a United States citizen, that I am of eligible age to register to vote, that I am not currently under an order of imprisonment for conviction of a felony, that I am not currently under a judgment of full interdiction or limited interdiction where my right to vote has been suspended, that I am a bona fide resident of this state and parish, and that the facts given by me on this application are true to the best of my knowledge and belief. If I have provided false information, I may be subject to a fine of not more than $2,000 ($5,000 for subsequent offense) or imprisonment for not more than 2 years (5 years for subsequent offense), or both. Any false statement may constitute perjury.

Applicant Signature: ☒ _____ Date: _____

Witnesses (If your signature is a mark, you must have two witnesses sign) 19.
Witness #1 Signature: ☒ _____ Witness #1 Print Name: _____
Witness #2 Signature: ☒ _____ Witness #2 Print Name: _____

*** Last 4 digits of the social security number are required, if issued, and you have no LA driver's license or LA special ID; full SSN number is preferred but optional.**

Note: If you decline to register to vote, this fact will remain confidential and will be used only for voter registration purposes. If you register to vote, the office where your application was submitted will remain confidential and will be used only for voter registration purposes. You may request a copy of your voter registration form at any time from the registrar of voters.

OFFICIAL USE ONLY

☐ New Registration Updated Registration: ☐ Address Change ☐ Name Change ☐ Party Change ☐ Change to Assistance in Voting

REMARKS:

CIRCLE ONE:
PA MV RG SDA SS (Disability) Received by: _____ Date: _____

Louisiana Voter Registration Application
(LA-VRA - Rev. 4/17)

QUESTIONS? - Call your parish Registrar of Voters Office or call the Secretary of State at 1-800-883-2805 or (225) 922-0900.

APPLICATION INSTRUCTIONS

USE THIS LOUISIANA VOTER REGISTRATION APPLICATION TO: 1) register to vote; 2) change your address; 3) request a name change; 4) change party affiliation; or 5) request assistance in voting.

TO REGISTER AND BE ELIGIBLE TO VOTE AN APPLICANT MUST: 1) be a U.S. citizen; 2) be 17 years old (16 years old if registering to vote in person at the Registrar's Office or the Office of Motor Vehicles), but must be 18 years old before actually voting; 3) not be under an order of imprisonment for conviction of a felony; 4) not be under a judgment of full or limited interdiction where your right to vote has been suspended; 5) reside in the state and parish in which you seek to register and vote.

Instructions: the grey section numbers on this page correspond to the grey section numbers on the application.

Reason for Application: Check "New Voter Registration", if this is a first time registration or if a new registration in a new parish after moving. Check "Updating Voter Registration", if you are making any change to your present registration. If new registration, fill out the form completely.

1. *Eligibility* - Federal law requires you to affirm that you are a citizen of the United States of America and that you will be 18 years of age on or before the election day in which you are eligible to vote. If you answered "No" to these questions, do not complete this application form. You are not eligible to vote at this time. If you are registering as a 16 or 17 year old, you may check "Yes" because you will not be allowed to vote until you are 18.

2. *Name* - You **must** provide your full name. Do not use nicknames or initials for middle or maiden name. *If this application is for a change of name, please also complete section 17: "Former Registered Name".*

3. *Residence Address* - "Residence Address" means the address (Number, Street, City, State and Zip) where you live and are registering to vote. Residence address **must** be the address where you claim homestead exemption, if any, except for a resident in a nursing home or veterans' home who may choose to use the address of the nursing home or veterans' home or the home where they have a homestead exemption. A college student may elect to use their home address or their address at school while attending. Do not use a post office box for your "Residence Address". If you use a rural route and box number, you may draw a map in box labeled "Give Location" to provide the exact location. Write in the names of the crossroads (streets) nearest to residence. Draw an X to show residence. Use a dot to show any schools, churches, stores or landmarks near residence and write the name of the landmark.

Mailing Address - If you check that you do not receive postal service at your residence address, you **must** provide your mailing address (Number, Street, City, State and Zip). Otherwise a mailing address may be provided and you may use a Post Office Box for a mailing address.

4. *Birthdate* - Print your date of birth. The month and day of your birth remains confidential by law.

5. *Social Security Number* - If you do not have a LA driver's license or LA special identification card, you **must** provide the last four digits of your social security number, if issued. The full social security number is preferred and may be provided on a voluntary basis and will be kept confidential. If you were not issued a social security number, you **must** attach either one or more documents to prove your identity, residence and date of birth. Documents may be: a) a copy of current and valid photo identification and/or b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document. *Your SSN number remains confidential and is only used for registration purposes.*

6. *Sex* - Check male or female *(for statistical purposes only).*

7. *Race* - Race/Ethnic origin is optional *(for statistical purposes only).*

8. *Party Affiliation* - If you are registering for the first time, you may choose a party affiliation of Democrat, Green, Independent, Libertarian or Republican parties. You may specify any other party affiliation by checking "other" and then listing the party you wish to affiliate. If you do not want to register with a political party affiliation check "No Party", or if you do not complete this section, your party affiliation will be listed as "no party". If you are already registered with a party affiliation and no political party change is being made with this application, you may leave this section blank or re-enter your political party affiliation.

9. *Place of Birth* - Print the city/town, parish/county, state and country of your birth place *(for statistical purposes only).*

10. *Mother's Maiden Name* - Print your mother's maiden name, which is her last name at her birth. If unknown, write "unknown".

11. *Email* - Give your email address for election officials to contact you if there is a problem with your registration. *Email addresses are protected from disclosure by law and are for official use only.*

12. *Phone* - Give your phone numbers for election officials to contact you if there is a problem with your registration. *Phone numbers are optional and a public record unless you make a request for your phone numbers to be kept confidential by election officials.*

13. *LA DL/ID Card #* - Print your LA driver's license or LA special identification card number, if issued. If you do not have one, check "I do not have a LA DL/ID card". *This ID number remains confidential and is for official use only.*

14. *Assistance in Voting Needed?* - Indicate if you will need assistance in voting by checking either the "No" or "Yes" box. If "Yes", write the reason for needing assistance. The registrar of voters in your parish may contact you for proof of disability.

15. *Place of Last Residence* - Print the address (number and street), city, and state of your prior residence, if different from residence address in section 3 or write "Same".

16. *Place of Last Registration* - Print the state and parish (or county) of your last registration if you were registered in another parish or state prior to completing this application. ***Important:*** *Contact the local election office in your prior state and cancel your prior registration. Registering in Louisiana does not automatically cancel or transfer your voter registration from another state.*

17. *Former Registered Name* - If you are using this application to make a name change to your registration, print your former registered name (name you are changing) in this section. If name changed by court order, provide a copy of the order with this application.

18. *Affirmation and Signature* - Read the affirmation and sign your full name or make your mark and print the date this application was signed and completed. *If assistance in registering is being provided, make sure the applicant understands what they are affirming and that they meet the requirements to register to vote.*

19. *Witnesses* - If you are unable to sign your name, you may make your mark, but it **must** be witnessed by two people or it is not valid.

Mailing Instructions - If returned by mail, place in an envelope and mail to your Registrar of Voters Office. You can find your registrar of voters mailing address on the Registrar of Voters Address Page, by visiting our website at www.geauxvote.com or by calling the toll free at 1-800-883-2805. Your application or envelope **must** be postmarked 30 days prior to the first election in which you seek to vote.

Online Voter Registration - Voter registration is also available at www.geauxvote.com and you may register online before the 20th day prior to the election. Please call your registrar of voters if you do not receive your voter information card two weeks after registering.